

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-24-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes E0871, E0236, E1399, E0114 and E0245.

II. FINDINGS

The respondent denied reimbursement based upon “F – If reduction, then processed according to the Texas Fee Guideline; F - Exceeds monthly allowance for TENS supplies; and M – Reduced to Fair and Reasonable. No MAR has been set by TWCC in the Medical Fee Guideline.”

III. RATIONALE

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference | Rationale |
|---------|----------|----------|----------|-----------------|--|---|---|
| 10-7-02 | E0871 | \$485.00 | \$295.84 | F | DOP | General Instructions GR III Durable Medical Equipment GR (VIII)(IX) | Ambulatory Infusion Pump - Requestor submitted description of DME product to support billing per MFG; therefore, reimbursement of \$189.16 is recommended. |
| | E0236 | \$494.00 | \$386.66 | F | DOP | | NU Pump for Water Circulating - Requestor submitted description of DME product to support billing per MFG; therefore, reimbursement of \$107.34 is recommended. |
| | E1399 | \$75.00 | \$60.00 | F | DOP | | Cold Therapy Cooler Wrap - Requestor submitted description of DME product to support billing per MFG; therefore, reimbursement of \$15.00 is recommended. |
| | E1399 | \$155.00 | \$124.00 | F | DOP | | Water Circulating Pad - Requestor submitted description of DME product to support billing per MFG; therefore, reimbursement of \$31.00 is recommended. |

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|---------|-------|----------|---------|---|-----|--|---|
| 10-7-02 | E0114 | \$110.00 | \$33.88 | M | DOP | Section 413.011(b) | Crutches - Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, reimbursement of \$76.12 is recommended. |
| 10-7-02 | E0245 | \$110.00 | \$72.58 | F | DOP | General Instructions GR III Durable Medical Equipment GR (VIII)(IX) | Tub Stool or Bench - Requestor description of DME product to support billing per MFG; therefore, reimbursement of \$37.42 is recommended. |
| TOTAL | | | | | | | The requestor is entitled to reimbursement of \$456.04. |

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, E0871, E0236, E1399, E0114 and E0245, in the amount of **\$ 456.04**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$456.04** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of May 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division